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CONFIRMATION NO. 9569

<b>SERIAL NUMBER</b> 10/790,662	<b>FILING OR 371(c) DATE</b> 03/01/2004 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 18217-519 (OXI-19)
<b>APPLICANTS</b> David J. Chaplin, Watlington, UNITED KINGDOM; Klaus Edvardsen, Lund, SWEDEN; Kevin G. Pinney, Woodway, TX; Joseph Anthony Prezioso, Boston, MA; Mark Wood, Milton, MA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/467,486 05/02/2003 * and claims benefit of 60/450,565 02/28/2003 * (*)Data provided by applicant is not consistent with PTO records.				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> <b>** SMALL ENTITY **</b> 05/22/2004				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>	<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 57
<b>INDEPENDENT CLAIMS</b> 12				
<b>ADDRESS</b> 30623				
<b>TITLE</b> Compositions and methods with enhanced therapeutic activity				
<b>FILING FEE RECEIVED</b> 1170	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	